\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										or D	ocket Num	ber
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09/807665												
CLAIMS AS FILED - PART I (Column 1) (Colum								MALL E	NTITY	OR	OTHER SMALL	
TOTAL CLAIMS							Γ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED NUMB			ER EXTRA	[	BASIC FEE	355.00	OR	BASIC FEE	80
TOTAL CHARGEABLE CLAIMS			22minus 20= • &					X\$ 9=		OR	X\$18=	36
INDEPENDENT CLAIMS			/ minus 3 7				<b>†</b>	X40≖		OR	X80==	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT	,4			`	+135=			+270=	20
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L	TOTAL		OR OR	TOTAL	11/26
L//LA/b/CLAIMS AS AMENDED - PART II											THAN	
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BEA	PRESENT EXTRA		RATE	ADDI- TIONAL VFEE		RATE	ADDI- TIONAL FEE
	Total	.20	Minus	0	W	E.	X	X\$ 9=		OR	X\$18=	
Œ.	Independent	·	Minus	***	3	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270 <del>=</del>	
							. L	TOTAL	Cappet of a self.	OD.	TOTAL	
	(Column 1) (Column 2) (Column 3						A	DDIT. FEE		Jon.	addit, fee	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE
	Total		Minus			=		X\$ 9=		OR	X\$18=	
	Independent		Minus	•••		=	╽┟	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>╿</b> ├			A STATE	.070	
*							L	+135=		OR	+270=	
							ΑÜ	DOIT. PEE		OR .	ADDIT, FEE	
_		(Column 1) CLAIMS		(Colur		(Column 3)	_		.55. 1			1001
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							125			+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL										OR OR	+270=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE											ADDIT, FEE	
	The Highest Num	nber Previously Pai	d For (Total or	Independ	enl) is the	highest numbe	r founi	d in the app	ropriate box	in col	umn 1.	

FORM PTO-875 (Rev. 8/00)

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